

HEALTH POLICY UNDER SELF-GOVERNMENT 1921-1934

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'Owing perhaps to Malta's role as a fortress in the Mediterranean very little attention seems to have been given to its Medical and Health History'.¹ By the First World War, Malta was again to play the role of nurse in the Mediterranean. This was certainly not the first time. At the time of the Hospitallers, Malta was not only used to fight the infidel but, with the Knights' *Sacra Infermeria* also to provide comfort and shelter for the sick and wounded. As a result of the Crimean war when Turkey joined the Central-Powers and it became necessary for the Allies to attack the Gallipoli Peninsula and the Dardanelles,² Malta was also called upon to house the sick and the wounded. The Maltese rose to the occasion and housed and gave assistance to hundreds of men. Even schools were turned into hospitals.

The main hospital was the Valletta Military Hospital, previously the Holy Infirmary of the Knights of St. John, easily reached because of its vicinity to the harbour. There were other hospitals, amongst which were the Cottonera Hospital, Bighi Hospital, Floriana Hospital, Hamrun Hospital.

A general hospital had existed since the mid-fourteenth century. This was called the Santo Spirito in Rabat (1347 - 1967). This building is still standing and is presently being used as the National Archives. The Holy Infirmary of the Order of St. John (1532 - 1575) was at first in Birgu before it was moved to Valletta. Besides, there was the Central Civil Hospital (1850 - 1954) at Floriana, now housing the police headquarters after refurbishment.

Already by 1878 the Central Civil Hospital had become inadequate to cater

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for the needs of the country. The suggestion that a new hospital for 354 beds be planned went unheeded at the time and many years passed before serious steps were taken for the building of a new hospital.

Actually it was under the premiership of Sir Ugo Mifsud (September 1924 - August 1927), under Act No. XXVIII, that provision was made for the construction of a general hospital for 450 beds.³ The promontory of Gwardamangia was chosen as a site.⁴ The sum voted amounted to £75,000. Here it is interesting to note that by coincidence a map of 1803 showing Valletta and its environs shows the word Hospital on almost the same site'.⁵ It was on 5 April 1930, that His Excellency the British Governor Sir John Du Cane together with the Prime Minister, Sir Gerald Strickland, and other distinguished persons, laid the foundation stone of the new hospital. Mr. Adams of the firm Adams, Holden & Pearson Architects was put in charge of the Hospital building and Mr. Frederick Charles Bonavia A&CE was Superintendent of Works. Stoppage of work was caused on two occasions, i.e. when Italy declared war on Abyssinia and again when Italy joined Germany in the last war. Eventually the new hospital became a most efficient one catering for the needs of the population on the entire spectrum of health.⁶

The money votes for the funding of St. Luke's came from Ordinance No IV of 1931 from the General Hospital Fund Account, and £270,000 were voted initially. Besides St. Luke's, the Government from 1925 to 1931 initiated a number of improvements such as clinics at the Central Hospital for Venereal Diseases at the cost of £1,000, the Hospital for Tubercular cases in Gozo at a cost of £3,300, and others.⁷

Hospitals were not the only projects which the Government then took in hand. Early in the century Malta was actually in the throes of two very serious and debilitating diseases. These were Undulant Fever or Brucellosis, and Trachoma, which were considered to be a scourge in the early part of the century. Both the Undulant Fever, which sometimes was called Mediterranean fever, and Trachoma were endemic in the Mediterranean region and frequent conferences used to be held in Palermo and other areas. The names of Sir David Bruce and Sir Temi Zammit are familiar names. It was through the effort of these two that Undulant Fever was defeated. Before going any further it is pertinent to claim here that in no field other than health did the British

authorities give their full co-operation, partly of course from self interest and also for humanitarian reasons. It is a fact that Undulant fever effected many civilian and military personnel, so much so that a Commission between the Maltese and the British authorities was set up to investigate the cause. This investigation was carried out in the early years of the century. Luckily for the Maltese and the English as well, it was first David Bruce who identified the germ in the spleen of the affected soldiers who had drunk goats' milk. Immediate measures were taken to switch to tinned milk. Sir Temi Zammit succeeded in isolating the germ in the goat. Whereas the British authorities took firm measures, a polemic rose among the Maltese.

In spite of this confirmation, no preventive measures were taken on behalf of the Maltese authorities. On the contrary, they adopted a *laissez-faire* attitude 'for fear of harming the farmers'. The only recommendation was to boil the milk as it was found that the germs died with boiling. The population was informed about this through all possible means, via the press and even with announcements by the clergy in churches, but these measures brought no results.

Things moved rather slowly as it was only by 1922/23 that the idea of pasteurised milk for sale was put forward and not before 1932 did an Undulant Fever Committee recommend the setting up of a Milk Pasteurisation Station under Government Supervision. Milk used to be delivered by itinerant peasants in the streets right up to the door of the customers. Moreover the Committee was convinced that the expense of the Station would offset in the long run the expense of the Government's need to cure the Undulant Fever patients. In just one year between 1930-1931 this expense amounted to £4,500.⁸ The Milk Pasteurisation Plant was finally set up by 11 May 1938,⁹ and the sale of raw milk was forbidden by 1938. Hundreds of goats were slaughtered. Brucellosis or Undulant Fever was finally eradicated when pasteurisation was established.

As fate would have it, it was 'during the Second World War that the government resorted to the slaughtering of the goats to feed the hungry population',¹⁰ but another reason was that there was not even food enough for the animals themselves. The so-called Victory Kitchens in different districts were used as outlets, but that is another story. After pasteurisation was introduced

the incidence of the disease fell by half in Sliema but other areas such as Hamrun, Vittoriosa, Senglea, Zebbug, Tarxien, registered comparatively higher statistics. Perhaps less co-operation was forthcoming from these places in the use of pasteurised milk.

Undulant Fever was not the only disease that troubled the local Health Authorities. An eye disease called Trachoma was endemic. Trachoma was a disease, which apparently attacked the eyes through infected flies. In severe cases it could lead to blindness. It was also highly contagious. By the first quarter of the century the full significance of the disease was brought home when:

The social and economic handicaps of the disease were first experienced on a large scale during the First World War when many otherwise healthy young men were rejected from military service in the Maltese contingent raised for the Salonika campaign.¹¹

With regard to emigration, trachoma proved to be a 'serious bar' to this migratory movement. Several countries such as England, the USA and Canada turned back the emigrants suffering from this disease.

In 1928 a Trachoma Committee pinpointed the causes of poverty, underfeeding, overcrowding and deficient personal and domestic uncleanness as transmitters of the infection. It looks as though the sustained efforts of the authorities managed to stem the disease as by 1929 the incidence stood at 0.05 percent in Malta and 1 percent in Gozo, the infection attacking mainly children from five to fifteen years. Fortunately suggestions for cleaner water and better housing did not go unheeded as the Government had by this time embarked on a social programme of workmen's dwellings and extension of water into household units. By 1957 it was reported that: 'Trachoma has now ceased to be the serious problem that it was in the past; but although the disease is well under control, (it being endemic), the fight against it is still on.'¹²

Whooping Cough, Tuberculosis, Enterite and Diphtheria were also diseases that had to be overcome. Children were mostly affected. Certain diseases such as Enteric Fever and Diphtheria were the cause of most of the mortality rates.

The Government tried to step up its efforts and extend health services where they were most needed. Hence between the years 1920 - 1923, the appearance of district nursing with the intention of paying home visits to outlying districts was indeed a blessing. Nurses were appointed for duty at Zejtun, Axiaq, Hamrun and Qormi.¹³ Mostly these were the districts where overcrowding in bad housing conditions was the cause of the endemic diseases of those years.

These districts had a population of 38,460 of whom 5,622 were children under five years, and a registered natality of 1,528 births during the year. District nurses, including a medical officer who was always in attendance, also attended government dispensaries (*Il-Berga tal-Gvern*, as they were called). Women and children were the main patients. The nursing service was extended to home visits. Many mothers in their first months of confinement were visited and offered advice on feeding and caring for their babies. Regular visits to elementary schools ascertained why children were kept away, and as a follow up, if medical advice was being heeded. Illiteracy vis-à-vis health was as present as illiteracy vis-à-vis the 'three R's' (reading, writing, arithmetic). In this atmosphere the task of the authorities should have been indeed difficult. But things had to go forward. That is what responsible self-government was all about after all. Primitive conditions hindered progress and the next project the Government embarked on, was the Drainage System.

The installation of the drainage system was a continual bone of contention between the British authorities and the Maltese side. The question was: who was going to pay for what? Drainage extended to the defence areas meant extension to barracks or housing areas for British personnel and their families. It is true the Maltese living in those areas stood to benefit but the Maltese representatives insisted that expenses should be paid by the Imperial side. This was always one of the reasons when legislation would not pass on a *quid pro quo* basis. Then important projects mainly regarding education would be stalled.

Drainage was only one, if the most serious problem. The lack of street hygiene not only presented eyesores but also a health problem. Not much awareness existed with regard to cleanliness in the streets. As early as the beginning of the nineteenth century, the British authorities, whose standards

were higher than those of the indigenous population started a campaign in street cleaning with repeated warnings not to litter the streets 'with deteriorated fruits and vegetables while stress was made for need in domestic cleanliness.'¹⁴ As traffic became heavier, 'the unsuitability of macadamised thoroughfares became obvious' as this led to the dust theory of disease.¹⁵ By 1930 the surfacing of streets and roads with asphalt and bituminous compounds greatly reduced the amount of dust in the air. Yet, goats were still roaming the streets as door to door raw milk delivery was still a long-standing practice.

A number of years were to pass before the Government Pasteurisation Centre was inaugurated in May 1938 and the sale of raw goats' milk was prohibited in Valletta.¹⁶ Later this prohibition was extended to other towns and villages.

The Government's efforts to control disease would have come to nought however, if Housing was not improved:

Poor housing conditions were largely the result of overpopulation. The worst cases of overcrowding were found in urban and sub-urban areas. In 1891 the greatest overcrowding was registered in Floriana, where 1,249 persons lived in 241 rooms, an average of 5.18 persons per room. Valletta came second in that year 4,571 persons lived in 885 rooms, an average of 5.17 persons per room.¹⁷

In 1905, it was found 'that 27 per cent of the total number of persons in the island were living in overcrowded conditions compared to 12 percent in England and Wales in 1901.'¹⁸ Things did not change much up to the period under review, although 'there was progress in housing standards in the new houses that were being erected on modern sanitary principles in the suburban districts!'¹⁹ The early years of the twentieth century, however, saw some real efforts being made to improve housing conditions; and between the wars there was a period of great building activity benefiting all strata of the population.²⁰

Between 1924 and 1927 large blocks of flats were erected at Rahal il-Gdid (Paola) and similar blocks were put up in the Cottonera areas, at Blata-il-Bajda and near Birkirkara.²¹ This was in response to a scheme submitted to

Parliament on the 17 November 1924 and approved by both houses.²²

The picture can never be complete. The problems were formidable. Among them there was illiteracy and the lack of emancipation of that section of the population, which was most affected by the terrible, endemic diseases hindering progress.

Notes

¹ P. Cassar, *Medical History of Malta*, (Malta 1964), p.ix.

² A. V. Laferla, *British Malta*, (Malta 1947) Vol 2, p.200.

³ *Malta Government Gazette Supplement*, 1 July 1927, p.925.

⁴ *Debates of the Legislative Assembly 1932*, Vol 21, p.175.

⁵ P. Cassar, *Medical History of Malta*, (London, 1964), p.88.

⁶ P. Cassar, *St. Luke's Hospital - Foundation and Progress 1930 - 1990*, (Malta, 1990), p.13.

⁷ *Blue Books 1925, 1931, 1934*.

⁸ *Report on the Health of the Maltese Islands during 1932, App R, Malta 1933*.

⁹ *Ibid.*

¹⁰ L. Preziosi, *La Profilassi del Trachoma*, (Malta 1928), p.8.

¹¹ P. Cassar, *Medical History of Malta*, (London, 1964), p.26.

¹² *Report on the Health Conditions of the Maltese Islands for the year 1953*, p.30. *Report on the Health Conditions of the Maltese Islands for the Year 1957*, p.34. See also P. Cassar, *Medical History of Malta*, p.239.

¹³ *Census 1921 - 1931*. op.cit.

¹⁴ P. Cassar, *Medical History of Malta*, (London, 1964), p.312.

¹⁵ *Ibid.*

¹⁶ *Government Notices Nos. 501 and 504 of 1938, Nos 314, 315 and 323 of 1939. Malta Government Gazette 14 July 1939, 917,983, 23 December 1930, 1434,1436.*

¹⁷ C. Cassar, 'Everyday Life in Malta', in *The British Colonial Experience 1800 - 1964*, ed. V. Mallia Milanes (Malta, 1988). See also H. Frendo, *Dimechianism*, B.A (Hons) Thesis, 1970, p.43.

¹⁸ P. Cassar, op.cit., p.335.

¹⁹ *Ibid.*

²⁰ *Ibid.*, p.336.

²¹ *Ibid.*

²² *Malta Government Gazette Supplement 21 August 1925, 243; 22 December 1933, 1663*. See also P. Cassar, p.336.